



# LCA Water Test Entry Form

**Test Location:**

**Sponsoring Club:**

|      |  |                |  | Test 1 | Test 2 | Test 3 | Test 4 |
|------|--|----------------|--|--------|--------|--------|--------|
| WD   |  | WD<br>Requal   |  |        |        |        |        |
| WRD  |  | WRD<br>Requal  |  |        |        |        |        |
| WRDX |  | WRDX<br>Requal |  |        |        |        |        |

**Entry Open Date for LCA Members:**

**Entry Open Date for All Entrants:**

**Entry Close Date:**

*Entries must be received by the test secretary with payment by the closing date and time. Entries not received by the closing date and time will not be accepted. Entries received prior to the opening date will not be accepted.*

**Entry Fee:**

**Entry Fee Payable to:**

**Return Entries to the Test Secretary:**

*Please print legibly. Information on this form will be used for record keeping and to generate a certificate of qualification should the dog and handler pass.*

*Attach a current copy of this dog's AKC, ILP, PAL or foreign registration*

**Owner's Name:**

**LCA Member:**

**Address:**

**City:**

**State:**

**Zip:**

**Full Name of Dog:**

**AKC/CKC/ILP/PAL#**

**Date of Birth:**

**Sex:**

**Sire:**

**Dam:**

**Breeder(s):**

**Call Name:**

**Handler's Name:**

**LCA Member:**

***\*Entry form must be signed to be a valid entry.\****

*I understand that I enter my dog in this LCA Working Test at my own risk. I have read the Test Regulations and I understand them. I agree to abide by the Test Regulations, the LCA Constitution and Bylaws, and further agree to be bound by the agreement printed on the entry form.*

**Signature:**

**Date:**

**Phone:**

**Alternate Phone:**

**Email:**